

Case Number:	CM13-0047094		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2011
Decision Date:	04/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Physician Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65-year-old male who was injured on May 20, 2011. The patient continued to experience bilateral upper extremity and neck pain. Physical examination was notable for spasm and guarding at the base of the cervical spine and base of the lumbar spine. An MRI of the lumbar spine, done on January 6, 2012 showed moderate canal stenosis at C4-5, and C6-7, and moderate to severe stenosis at C5-6. An MRI of the right shoulder done on the same day showed moderate-sized partial-thickness tear of the supraspinatus tendon and mild acromioclavicular joint arthritis. Diagnoses included cervical spinal stenosis with bilateral upper extremity radiculitis, basilar thumb arthritis bilaterally, internal derangement of the bilateral shoulders, and chronic lumbosacral strain. Treatment included exercise and medications. The patient used dumbbells and an exercise pulley with his exercise therapist. Requests for authorization for plastic exercise pulley and 3-pound dumbbell set for home use were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PLASTIC EXERCISE PULLEY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46-47.

Decision rationale: Exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regimen. Physical conditioning in chronic pain patients can have immediate and long-term benefits. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline. In this case the employee is exercising with a therapist that he obtained privately. There is no medical professional overseeing the sessions and documentation of progress is not present. Medical necessity for the exercise pulley is not established. The request should not be authorized.

3 POUNDS DUMBBELL SET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46-47.

Decision rationale: Exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regimen. Physical conditioning in chronic pain patients can have immediate and long-term benefits. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline. In this case the employee is exercising with a therapist that he obtained privately. There is no medical professional overseeing the sessions and documentation of progress is not present. Medical necessity for the dumbbell set is not established. The request should not be authorized.

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